

APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

(Restaurant, School Cafeteria, Senior Meal Site, Satellite School Cafeteria, Satellite Senior Meal Site, Mobile Food Vendor)

Mail Application & Payment to:

Kansas Department of Agriculture
Records Center – Food Safety & Lodging
109 SW 9th Street, 3rd Floor
Topeka, KS 66612
(785) 296-7430

PLEASE PRINT CLEARLY

ESTABLISHMENT INFORMATION

Establishment Name / DBA: _____ Phone: _____
Establishment Address: _____ Fax: _____
City, State, Zip Code: _____ County: _____
Opening Date: _____ / _____ / _____ Email Address: _____

OWNERSHIP INFORMATION

(READ CAREFULLY: Please list corporation, partnership, partners or individual owner)

Owner: _____

☐ Individual / Sole Proprietor ☐ Partnership (LLP / LP) ☐ Corporation (Corp. / Inc.) ☐ LLC

Federal Tax ID #: _____ Individual Owner's SS #: _____

Contact Person: _____ Phone: _____

OPTIONAL MAILING ADDRESS

Mailing Address: _____

City, State, Zip Code: _____

Mail License To:

_____ Establishment _____ Optional Address

Mail Renewal To:

_____ Establishment _____ Optional Address

I agree as a condition to the granting of a license to comply with and abide by all the terms of the Kansas Food, Drug and Cosmetic Act, the Food Service and Lodging Act and the rules and regulations prescribed thereunder. I declare the above statements are true, complete and accurate to the best of my knowledge.

Signature

Date

Printed Name

Title (owner, president, treasurer, etc.)

For Office Use Only

Inspector: _____

Inspection Date: _____ / _____ / _____

Task Assigned: _____ / _____ / _____ RAC: _____

For Office Use Only

License # _____

Date Issued: _____ / _____ / _____ Initials: _____

Please check the appropriate box(s) below.

A separate application and fees will need to be submitted for each location needing a license.

NOTE: ALL new applications require an application fee and a license fee.

Make checks payable to: Kansas Department of Agriculture or KDA

A credit card payment form can be downloaded at: http://www.ksda.gov/records_center/content/286

	<u>Application Fee</u>	+	<u>License Fee</u>	=	<u>Total Fee Due</u>
Section A: _____ Restaurant	\$200.00 (RNF)**		\$200.00 (RLF)**		\$400.00
Section B: _____ School Cafeteria	\$200.00 (FCN)**		\$200.00 (FCL)**		\$400.00
Section C: _____ Satellite School Cafeteria	\$200.00 (SCN)**		\$130.00 (SCL)**		\$330.00
Section D: _____ Senior Meal Site	\$200.00 (FMN)**		\$200.00 (FML)**		\$400.00
Section E: _____ Satellite Senior Meal Site	\$200.00 (SSN)**		\$130.00 (SSL)**		\$330.00
Section F: _____ Caterer	\$200.00 (RNF)**		\$200.00 (RLF)**		\$400.00
Section G: _____ Mobile Food Vendor (Please attach Mobile Unit Log)	\$200.00 (RNF)**		\$200.00 (RLF)**		\$400.00

Please mark the current square footage category of your business:

_____ Under 5,000 sq. ft.

_____ 5,000 – 15,000 sq. ft.

_____ Over 15,000 sq. ft.

****For Office Use Only****

RNF _____	FCN _____	FMN _____	SSN _____	SCN _____
RLF _____	FCL _____	FML _____	SSL _____	SCL _____
RN_ _____	CN_ _____	FM_ _____	SS_ _____	SN_ _____
RL_ _____	CL_ _____	FL_ _____	SL_ _____	SC_ _____

Check # _____

Transaction # _____

Total _____